

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) LOM-0044								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">In re Application of Jaouad Zemmouri</td> </tr> <tr> <td style="padding: 5px;">Application Number 10/521,164</td> <td style="padding: 5px;">Filed January 19, 2006</td> </tr> <tr> <td colspan="2" style="padding: 5px;">For Apparatus For Treating Age-Related Maculopathy (Arm)</td> </tr> <tr> <td style="padding: 5px;">Group Art Unit 3739</td> <td style="padding: 5px;">Examiner Henry M. Johnson, III</td> </tr> </table>			In re Application of Jaouad Zemmouri		Application Number 10/521,164	Filed January 19, 2006	For Apparatus For Treating Age-Related Maculopathy (Arm)		Group Art Unit 3739	Examiner Henry M. Johnson, III
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<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) </div> <div style="width: 25%; text-align: right;"> \$ _____ \$ _____ <u>\$1,110.00</u> \$ _____ \$ _____ </div> </div> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ <u>555.00</u>.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>13-3402</u>.</p> <p style="padding-left: 40px;">I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). _____. </div> <div style="width: 50%;"></div> </div>										
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>										
March 25, 2009 _____ Date	/John R. Moses/ _____ Signature John R. Moses, Reg. No. 24,983 _____ Typed or printed name									
<p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</small></p> <p><input type="checkbox"/> *Total of _____ forms are submitted.</p>										